FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGA	NIZATION			
	(See in	nstructions)		Office use	e only
NAME OF COMMITTEE (in	full) (Check if n is changed		f typying, type es	12FE4M5	
Cicilline Com	mittee 				
ADDRESS (number and	street) 118 N Main St	, Suite 2			
(Check if address	s				
is changed)	Providence		ا لىبب	RI 02	2903   -
		CITY▲	S	ГАТЕ▲	ZIP CODE 📥
COMMITTEE'S E-MA	AL ADDRESS (Please provide onl	y one e-mail address)			
(Check if address is changed)	s fec@campaig	nfinances.com			
(Check if addres is changed)	M / D D / Y Y Y Y				
3. FEC IDENTIFIC	ATION NUMBER	C C004765	664		
4. IS THIS STATE	MENT NEW (N)	OR X A	AMENDED (A)		
I certify that I have exam	nined this Statement and to the best o	f my knowledge and belie	f it is true, correct and co	omplete	
Type or Print Name of	Treasurer Brett P Sn	niley			
Signature of Treasure	r Electronically Filed by <b>Bre</b>	tt P Smiley	Da	te <b>09</b>	22 Y Y Y Y Y Y Y Y
NOTE: Submission of fa	alse, erroneous, or incomplete inform	ation may subject the pers			.S.C. §437g.
Office Use Only		Feder Toll F	urther information contact all Election Commission ree 800-424-9530 202-694-1100	FE	C FORM 1 evised 02/2009)